







**El Camino Women's Medical Group**  
 Obstetrics, Gynecology, Infertility & Minimally Invasive Surgery  
**MENSTRUAL CALENDAR**

Name \_\_\_\_\_ Year \_\_\_\_\_




	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec	
	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M	B	M
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**Key**

**(B) Bleeding Pattern**

-  Exceptionally Heavy Flow
-  Normal Flow
-  Exceptionally Light Flow
-  Spotting

**(M) Medication**

-  Progesterone
-  Estrogen
-  Other Specify:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Instructions:** Using the symbols to the right, track your daily menstrual flow. If no flow, please leave block empty.

- If you have any of the following, please call for an appointment:
- a) Bleeding after reaching menopause, if you are not using hormones
  - b) Frequent periods (less than 21 days from the start of one period to the start of the next)
  - c) Spotting or bleeding between periods
  - d) Bleeding from the vagina after intercourse